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BIBDATASHEET**CONFIRMATION NO. 8148**

Bib Data Sheet

SERIAL NUMBER 10/661,755	FILING DATE 09/12/2003 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. MOT-CS22547RL					
APPLICANTS Jeong J. Ma, Buffalo Grove, IL;									
** CONTINUING DATA ***** NONE <i>X</i>									
** FOREIGN APPLICATIONS ***** NONE <i>X</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/05/2003									
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: </td> <td style="width: 15%; border: none; text-align: center;"> STATE OR COUNTRY IL </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 5 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 23 </td> <td style="width: 20%; border: none; text-align: center;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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ADDRESS 35813 DESIGN IP-DEPT. MOT 5000 W. TILGHMAN STREET SUITE 153 ALLENTOWN, PA 18104									
TITLE Communication headset and method									
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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